

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT:	Phillips)	ATTORNEY DOCKET:	01723326
)		
SERIAL NO.:	09/481,207)	GROUP ART UNIT:	1625
)		
PATENT NO.:	6,489,346)	EXAMINER:	Fan, J.
)		
FILED:	January 1, 2000)		
)		
TITLE:	Substituted Benzimidazole Pharmaceutical Compositions			
)		
DATE:	September 12, 2007)	CUSTOMER NO.:	26565
)		

Mail Stop Post Issue
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

REQUEST TO CORRECT SMALL ENTITY STATUS
PURSUANT TO 37 C.F.R. § 1.28(c)

Dear Sir:

This Request relates to Patentee's prior submission dated August 27, 2002 (copy attached), requesting the PTO to change Patentee's entity status from a small entity to a large entity. As detailed below, Patentee respectfully requests the PTO (a) modify its record to reflect such change; and (b) charge Deposit Account No. 13-0019 in the amount of \$1,340.00 to cover the difference between the large and small entity fees for the issue fee and first maintenance fee and the processing fee pursuant to 37 C.F.R. § 1.17(i).

On June 27, 2002, the Patentee's entity status changed from small to large entity. On July 9, 2002, the issue fee was inadvertently paid as a small entity. On August 27, 2002, Patentee notified the PTO that its entity status had changed and authorized the Office to charge its deposit account for the deficiency amount of, at that time, \$640.00. On October 2, 2002, the PTO mailed a communication stating that the amendment from the Applicant dated August 27, 2002 had been entered (copy attached). Nevertheless, our Deposit Account records from August through December 2002 do not indicate that a charge of \$640.00 was ever posted to our account, and the records of the PTO still indicate that Patentee claims small entity status. On June 5, 2006, the first maintenance fee was inadvertently paid as a small entity.

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Adjustment date: 11/05/2007 CKHLOK
09/12/2007 INTEFSW 00006794 130019 09481207
02 FC:1808 130.00 CR

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450.00 DR
01 FC:1461

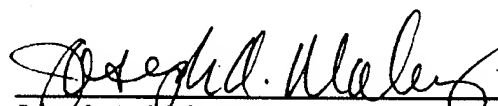
In August 2007, the undersigned examined the records and determined that the entity status was never changed by the PTO in 2002. Accordingly, Patentee hereby authorizes the PTO to charge a total of \$1,340.00, to cover the deficiency amount for the issue fee and first maintenance fee of \$1,210.00 and the processing fee of \$130.00, to Deposit Account No. 13-0019.

Calculation of the amounts owed are made as follows:

Payment Type	Original Payment (as small entity)	Current Payment (as large entity as of August 2007)	Deficiency
Issue Fee	\$640.00	\$1,400.00	\$760.00
First Maintenance Fee	\$450.00	\$900.00	\$450.00
Processing Fee	N/A	\$130.00	\$130.00
TOTAL Payment:			\$1,340.00

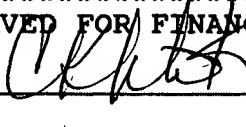
If there are any additional fees due in connection with the filing of this communication, please charge these additional fees (or credit any overpayment) to Deposit Account No. 13-0019. If a fee is required for an extension of time under 37 C.F.R. § 1.136 not accounted for above, such an extension is requested and such fee should also be charged to our Deposit Account. Thank you.

Respectfully submitted,


Joseph A. Mahoney
Reg. No. 38,956

MAYER BROWN LLP
P.O. Box 2828
Chicago, Illinois 60690-2828
Telephone: (312) 701-8979
Facsimile: (312) 706-9000

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND					
1 Date of Request: 11/05/07		2 Serial/Patent # 60/949,251			
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT	
<input type="checkbox"/>	Filing			\$	
<input type="checkbox"/>	Amendment			\$	
<input type="checkbox"/>	Extension of Time (2253)			\$	
<input type="checkbox"/>	Notice of Appeal/Appeal			\$	
<input checked="" type="checkbox"/>	Petition (1808)		09/12/07	\$ 130.00	
<input type="checkbox"/>	Issue			\$	
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$	
<input type="checkbox"/>	Maintenance			\$	
<input type="checkbox"/>	Assignment			\$	
<input type="checkbox"/>	Other			\$	
			7 TOTAL AMOUNT OF REFUND		\$ 130.00
			8 TO BE REFUNDED BY:		
			Treasury Check		
			Credit Deposit A/C #:		
			9 1 3 -- 0 0 1 9		
10 REASON:					
<input type="checkbox"/>	Overpayment		<input checked="" type="checkbox"/>		
<input type="checkbox"/>	Duplicate Payment				
<input checked="" type="checkbox"/>	No Fee Due (Explanation):				
1.28 pet					
11 REFUND REQUESTED BY:					
TYPED/PRINTED NAME: Charlema Grant		TITLE: Atty			
SIGNATURE: /Charlema Grant/		PHONE: X-3215			
OFFICE: OP					
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APPROVED: 		DATE: 11/5/07			

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: